

## EoE Public Health Training Programme

### Health Protection Policy – v. 2.6 (May 2025)

## Contents

EOE PUBLIC HEALTH TRAINING PROGRAMME .....	1
HEALTH PROTECTION POLICY – V. 2.6 (MAY 2025).....	1
1. INTRODUCTION .....	2
1.1 Purpose of this policy .....	2
1.2 Overview of Health Protection Training .....	2
1.3 Health Protection Training in the East of England.....	2
2. THE CORE HEALTH PROTECTION PLACEMENT .....	3
2.1 Arranging the core health protection placement.....	3
2.2 Induction.....	3
2.3 Day-to-day work at the HPT .....	3
2.4 Workstreams and strategic projects.....	4
2.5 Teaching and training .....	4
2.6 Expected outcomes of generalist HP training.....	4
3. ADDITIONAL PLACEMENT TIME AND TRAINING FOR STRS WISHING TO SPECIALISE IN HP .....	5
4. OUT-OF-HOURS HEALTH PROTECTION WORK .....	5
4.1 Mandatory requirements for joining the out-of-hours rota.....	6
4.2 On-call training .....	6
4.3 On-call assessment .....	6
4.4 UKHSA Honorary Contract and Work Schedules .....	7
4.6 The rota and availability .....	7
4.7 Keep in Touch (KIT) days.....	7
4.8 Leaving and returning to the out of hours rota .....	7

# 1. Introduction

## 1.1 Purpose of this policy

This policy outlines the expectations and requirements of the Lead Employer, NHSE Workforce, Training and Education East of England (WT&EEofE), the East of England Health Protection Team (HPT) and East of England StRs for undertaking health protection training and delivering a safe and effective out of hours service.

## 1.2 Overview of Health Protection Training

Health protection public health focuses on the protection of the public's health from communicable and environmental hazards by the application of a range of methods including hazard identification, risk assessment and the promotion and implementation of appropriate interventions to reduce risk and promote health. Key elements include:

- Disease surveillance;
- The investigation and control of communicable diseases;
- The public health aspects of environmental hazards (including chemical, radiological and nuclear hazards);
- Managing 'deliberate release' incidents;
- Health emergency planning.

StRs on placement with health protection will be able to develop a range of skills and knowledge, potentially contributing to their achievement of competence in all areas of Faculty of the Public Health (FPH) Public Health Specialty Training Curriculum. It is not possible to achieve the learning outcomes of Key Area 6 without a placement in a Health Protection Team (HPT) and completion of time on call.

During training, StRs should gain an understanding of the aetiology and pathogenesis of infectious and environmentally-caused diseases, and their management on an individual and population basis. This requires understanding of principles of:

- Epidemiology and statistics;
- Information management and surveillance;
- Microbiology, virology, and immunology;
- Therapeutics;
- Non-Infectious Environmental Hazards;
- Principles of communicable disease control including modification of healthbehaviour, screening, and vaccination;
- Principles of infection control.

StRs will also develop competence in specific skills including:

- Risk assessment;
- Clinical history taking;
- Maintaining accurate and timely records;
- Confidentiality, safeguarding, and information governance.

## 1.3 Health Protection Training in the East of England

Health protection services in the East of England are provided by the UK Health Security Agency (UKHSA) East of England and currently operate out of two locations; one in the North Zone (Mildenhall) and one in the South Zone (Harlow).

The area covered by UKHSA East of England includes the following local authorities:

- **County Councils:** Hertfordshire, Essex, Norfolk, Suffolk, Cambridgeshire.
- **Unitary Authorities:** Bedford Borough, Central Bedfordshire, Luton, Milton Keynes, Peterborough, Southend, Thurrock.

## 2. The Core Health Protection Placement

It is mandatory for all East of England StRs to spend at least four months' whole time equivalent (WTE) in the East of England Health Protection Team. The core health protection attachment should be arranged at the end of ST1 and undertaken during ST2/ST3.

Placements are arranged on a cohort basis, with up to four places per cohort.

There are fixed entry points in January, May and September.

### 2.1 Arranging the core health protection placement

- The StR should contact the HPT to arrange the cohort for entry ([ee.staffing@ukhsa.gov.uk](mailto:ee.staffing@ukhsa.gov.uk)), copying in the Training Lead.
- The registrar should submit their proposed plans for the HPT attachment to the placement panel.
- Approximately 6 weeks before the start of the placement, the StR will be notified of their Clinical Supervisor (CS) in the HPT.
- The StR should contact the CS to arrange a meeting prior to the start of the placement. This will allow assessment of foundation knowledge and skills, and identification of specific learning needs, in order to develop a suitable programme of learning and completion of an appropriate learning agreement.

### 2.2 Induction

As part of an introduction to the practice of health protection, the trainee will have the opportunity to become acquainted with the training location, organisation structures, roles of UKHSA and roles of partner organisations.

*Induction to the office environment and acute response service will cover:*

- Security of information;
- Record keeping and retention;
- Health and safety in the office environment;
- Workstation audit;
- Familiarisation with the acute response service (a phased process covering observation and familiarisation, supervised practice, and independent practice with regular case review);
- Completion of mandatory online training (aligned with core training as required by the Lead Employer).

*"Induction to health protection practice"* is an essential component of the on-call training to obtain an understanding of the control of communicable and non-communicable diseases.

### 2.3 Day-to-day work at the HPT

StRs will be an integral part of the HP team and participate in the "acute response service" – answering calls and handling queries from the public, GPs, hospital staff and others – once they have completed the induction phase. **This "acute service" experience is the most important part of the attachment as it allows the trainee to develop an understanding of the principles and processes that underpin health protection work.**

It will also enable StRs to develop competencies and skills for undertaking supervised first on-call duties, as well as provide preparation for the on-call assessment. StRs should aim to spend the equivalent of 2-3 days a week participating in the acute response service during their placement.

StRs must maintain a reflective logbook of their acute response service activity during their placement to support ongoing development and sign-off of Key Area 6 learning outcomes, other than 6.9 which will be signed off later in training.

In addition to duty work, there will also be opportunities to be involved in outbreak investigations, incident management, emergency planning work, strategic health protection work, and academic health protection. These should be arranged with the CS.

## 2.4 Workstreams and strategic projects

StRs will be supported to join workstreams and take on projects and work appropriate to their stage in training and learning needs. For example, local and regional audits, developing leaflets for health professionals and the public on infectious diseases, updating on call documents and standard operating procedures (SOPs), needs assessment, production of academic posters. The trainee will be supervised by the Consultant and/or Health Protection Practitioner leading on that area of work.

## 2.5 Teaching and training

Formal teaching and training opportunities in HP may include:

- Participation in relevant clinical meetings and in regular case/incident review meetings;
- Access to ongoing educational sessions organised by the HPT. These may be 1:1 or as part of the team;
- Opportunities for shared learning through on-call teleconferences and study days;
- Attendance at emergency planning exercises;
- UKHSA also run national courses (NB: course fees will not be met by UKHSA).

## 2.6 Expected outcomes of generalist HP training

Following the four-month attachment, **StRs will be expected to have developed an understanding of the principles of health protection work in and out of hours.** In addition, the following topic areas should be covered (many of these are reflected in KA6 learning outcomes):

Topic area	Examples (not exhaustive)
Communicable disease surveillance	Routine surveillance; COVER data; disease notification; laboratory reporting; enhanced disease surveillance (e.g. TB); non-routine surveillance (e.g. the use of syndromic surveillance)
Managing common public health problems	Meningitis; gastroenteritis (especially E. coli O157 / STEC, norovirus), single cases and as outbreaks; tuberculosis; blood borne viruses; invasive group A streptococcus infection; PVL-Staphylococcus aureus; rash illness (e.g. measles), including in pregnancy; environmental issues (e.g. fire)

Managing less common but important problems	Legionella; rabies; diphtheria; botulism
Public Health Law	Application of Part 2A orders
Principles of infection control	Both in hospital / healthcare settings and in the community
Environmental hazards	Including chemical hazards, routes of exposure and basic toxicology
Outbreak management	Including the role of UKHSA in relation to other agencies, the role and nature of the IMT and principles of outbreak control
Emergency Planning	Knowledge of relevant planning and operational arrangements, and the principles of managing a major incident
Commissioning, delivery and organisation of health protection services	Sexual health; immunisations; tuberculosis
Partner agencies and their relationship with UKHSA	Including Directors of Public Health and other local authority PH staff, other sections of UKHSA, local authority EHDs, water companies, Food Standards Agency, Environment Agency

Further details on the core placement can be found in the Core Registrar HPT placement programme.

### 3. Additional placement time and training for StRs wishing to specialise in HP

Aspiring health protection specialists should seek advice early in training from the Training Lead in Health Protection. Registrars without prior experience should plan to undertake relevant national placements in advance of their last year of training. All aspiring specialists in health protection should spend their last year in training in a senior placement in the health protection team, during which they will be supported to undertake project work with national teams up to 1 day a week.

Specialist experience in health protection provides a suitable background for applying to roles as Consultant in Health Protection, Consultant Epidemiologist, or roles in infection control, emergency planning and specialist health protection roles such as in chemical or radiological hazards services.

A senior placement in health protection is also recommended for anyone wishing to have health protection as part of their Consultant portfolio e.g. Health Protection lead in a LA public health team.

StRs considering a return to the HPT for other reasons should discuss this with their ES and the Health Protection Training lead.

### 4. Out-of-Hours Health protection work

Participation in an out-of-hours rota as 'first on call' is a requirement of the FPH Curriculum.

## 4.1 Mandatory requirements for joining the out-of-hours rota

The following steps below must be satisfactorily achieved before an StR can join the out-of-hours rota:

- A full pass of the FPH Diplomate examination to fulfil the knowledge requirements for health protection.
- Pass at the on-call assessment (see 3.3) which will assess an StR's safe on-call practices.
- Evidence of competency of achievement in learning outcomes 1.2, 4.2, 6.1 - 6.6, 9.2.
- Agreement to maintain a reflective logbook of in and out-of-hours calls. Submission of a logbook to e-portfolio is part of the ARCP requirements for StRs on the out-of-hours rota and is required for full sign-off of LO 6.9 (*"Demonstrate competence to participate, as a consultant / specialist, in an out of hours (OOH) on call rota"*).
- Agreement to attend six keep in touch (KIT) days (pro-rata for LTFT) over a 26-week period (see 3.5.2).
- Notification of competency to go on the out-of-hours rota sent to WT&EEoE via email [england.phschool.eoe@nhs.net](mailto:england.phschool.eoe@nhs.net) by the Health Protection Team. The Health Protection Team will then contact the StR to put them on the rota and provide them with relevant documents for working out of hours

StRs will be expected to remain on the out-of-hours rota until their CCT date (except when Out of Programme). LO 6.9 will be signed off just before the last ARCP.

To achieve LO 6.9 the StR will need an activity summary sheet signed by a Consultant in Health Protection of the StR's choosing. This should demonstrate that the StR has the ability to provide out of hours on-call unsupervised (i.e. at a consultant level). The activity summary sheet together with the StR's logbook, will be used by the ES to sign off LO 6.9.

## 4.2 On-call training

On-call training is typically achieved during the StR's core health protection placement. During the placement StRs should familiarise themselves with on-call procedures and guidelines. Time spent on the duty desk during the placement will provide the StR with the knowledge and tools to be safe on-call.

A Registrar-led **on-call teleconference** is held bi-monthly which provides a forum for the discussion of on-call scenarios and reflection. StRs at all stages of training are invited and encouraged to dial into the teleconferences for ongoing learning and development.

## 4.3 On-call assessment

After three months WTE of the core HPT placement, the StR is expected to organise a meeting with their ES and CS. The purpose of this meeting is for the ES and CS to assess the StR's readiness to join the on-call rota, and agree sign off of Learning Outcomes.

StRs must pass the on-call assessment before they can join the out-of-hours rota, to provide assurance that the StR is safe and confident to start on-call and has reached the minimum standard of practice.

In exceptional cases, when either the Clinical Supervisor or the Educational Supervisor are unable to attend, another Health Protection Consultant or Senior Health Protection Practitioner can assess on-call suitability.

## 4.4 UKHSA Honorary Contract and Work Schedules

StRs are required to have an honorary contract with UKHSA, which needs to be in place before the StR commences their core placement and for on call work. An honorary contract will be sent to the StR by the HPT with other paperwork and materials required for them to commence the core placement.

An additional supplement is payable for out-of-hours duties. The supplements are governed by relevant terms and conditions of service. Banding is only payable once the StR has been certified as competent to start on-call and been included in the on-call rota. The StR should notify WT&EEoE (england.phschool.eoe@nhs.net) that they have joined the out-of-hours rota, who will inform the Lead Employer.

In line with requirements under the European Working Time Regulation (EWTR), StRs will not be required to undertake more than 1:9 out-of-hours duties. StRs working less than full time will not be required to undertake more than 1:15 out-of-hours duties.

## 4.6 The rota and availability

StRs are required to provide their availability to the HPT rota coordinator to allow the out of hours rota to be planned effectively. Shifts for the out of hours rota are scheduled as fairly as possible given organisational and personal constraints based on the principles below. If either the rota coordinator or trainee is unable to comply with these principles, they are required to notify the other party with immediate effect and make best efforts to reach an amicable arrangement.

Principles for setting the out-of-hours rota:

- In each 6-month period, full-time StRs are scheduled for up to 20 shifts, and less than full time StRs for up to 12 shifts.
- All StRs can be scheduled to cover all geographical areas.
- Weekend days are those that start on a Saturday or a Sunday.
- A maximum of 6 weekend days (4 for LTFT) will be scheduled in a 26-week period.
- If a trainee is rostered to work on a bank holiday the time can be claimed back in lieu – this should be agreed with the StR's CS in their current placement.
- It will be assumed that StRs are available to be slotted into the rota at all other times in accordance with professional accountability of being on an out of hours rota.

## 4.7 Keep in Touch (KIT) days

Once on the rota, StRs are expected to develop their on-call skills to support sign-off of LO 6.9. **To enable this development, StRs on the on-call rota must undertake 6 full days (pro-rata for LTFT) with the HPT for every 26-week rota period.** This is the equivalent of one day per month and **should usually be undertaken as one day per calendar month.**

Calls taken during KIT days should be recorded in the StRs logbook and will be recognised as contributory evidence for sign-off of LO 6.9.

## 4.8 Leaving and returning to the out of hours rota

It is the StR's responsibility to notify the rota administrator and the Lead Employer if they will

be leaving the out of hours rota, giving a minimum of six weeks' notice. Their ES and the HPT Training lead should be copied in.

StRs who formally leave the training programme to gain an out of programme experience (OOPE), Out of Programme Research (OOPR), Out of Programme Training (OOPT) or Out of Programme Career Break (OOPC) are usually not able to remain on the East of England out of hours rota. Definitions of these out of programme activities can be found on the [NHS England EOE website](#). StRs going OOP for specialist Health Protection placements may remain on the rota if they are still employed by StHK and fulfil the standard KIT requirements.

StRs who have been out of programme and off the rota for six months or longer (for example for maternity leave, a placement out of programme or academic work), **must undertake 10 days of refresher training ideally as a block with the HPT before they can return to the on-call rota.**

Because the principle of maintaining competence applies equally regardless of work pattern, **a minimum of 10-days must be undertaken by all StRs regardless of their working pattern in order to re-join the on-call rota.**

Document title: EoE Public Health Training Programme: Health protection policy
Version: 2.6
Author: Health Protection Training Policy Task and Finish Group & Health protection programme lead (Victoria Matthews)
Version 2.6: Health protection programme lead updates, incl. change to 4-month WTE Version 2.4: Health protection programme lead updates, incl. on-call rota changes agreed by STC – 12 July 2023 (Victoria Matthews) (November 2023) Version 2.3: Agreed by STC – 14 July 2022 Version 2.2: Health protection programme lead amendments (Victoria Matthews) (June 2022) Version 2.1: Sara Godward & Kirsteen Watson (TPDs) review (June 2022) Version 2.0: Health protection programme lead update (Victoria Matthews) (May 2022) Version 1.1: 'Health Protection Training Policy Task and Finish Group - approved (Nov 2019) Version 1.0: 'Health Protection Training Policy Task and Finish Group (Sept 2019)
Approved by: STC
Approval date:
Review date: July 2027